MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Eric Johnson, DMH
Scribe:	Tim Gwyn
Date:	04/11/2007
Time:	10:30 – 12:00 p.m.
Location:	Hargrove, Conference Room D

IPRS Core Team Attendees:

	IPRS Core Team		**Others:**	
	Rick Kretschmer		**Others:**	
	Sarah Harris	X	Tim Sullivan
X	Cheryl McQueen	X	Jamie Herubin
	Sara Parks	X	Sandy Flores
	Gary Imes	X	Mike Frost
X	Joyce Sims		Myran Harris
X	Rick DeBell		Chris Ferrell
X	Carlisa Stallings	X	Deborah LeBlanc
X	Thelma Hayter	X	Tim Gwyn
X	Eric Johnson		Cathy Bennett
	Pattie Waller	X	Travis Nobles
	Spencer (joined via phone)		

Attendees:

X	Alamance-Caswell	X	Onslow-Carteret
X	Albemarle	X	OPC
X	Catawba	X	Pathways
X	Centerpoint	X	Pitt
X	Crossroads	X	Roanoke-Chowan
X	Cumberland	X	Rockingham
X	Durham	X	Sand hills Center
X	Eastpointe	X	SE Center
X	Edgecombe-Nash	X	SE Regional
X	Five – County MHA		Smoky Mountain
X	Foothills	X	Tideland
X	Guilford	X	Wake
X	Johnston	X	Western Highlands
X	Mecklenburg	X	Wilson-Greene
X	Neuse	X	New River

Attendees:		
Item No. **Topics**		1. Roll call
		2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
		3. Upcoming Check-writes (cut-off dates) – April 12, 19, May 3, 10, 17, 24
		4. Agenda items
		• **Revised Community Support Rates**
		• Review Updated Audit Manual IPRS Website
		• Change in NPI implementation date
		• **834 Beta Test Deadline (April 27)**
		• Beta Test (NPI) Requirements Review
		• 100 records/LME/submission; Format test; full cycle run, 835
		• Testing to commence March (BOM)
		• **Update scheduled termination: April 9**
		• Beta Test (834) Requirements Review
		• 20 records/LME/submission
		• Testing to commence April (BOM)
		• IPRS Questions or Concerns
		• MMIS Updates – Tim Sullivan & Chris Ferrell
		5. DMH and/or EDS concluding remarks
		a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
		i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
		ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
		6. Roll Call Updates

Next Meeting: April 18, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	**Topics**
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3.	<u>**Upcoming Checkwrites**</u> (cut-off dates) April 12, 19, May 3, 10, 17, 24
4.	<u>**Agenda items**</u> • <u>No Checkwrite Questions</u> • <u>Revised Community Support Rates</u> IPRS rates for Child, Adult and Group all dropped effective with Date of Payment 04/01/07. Medicaid Rates dropped effective with Date of Service 03/01/07. Follow-up by DMH and DMA is needed to get clarification on which are the correct effective dates for the rates change and whether the change should be DOS of DOP. Questions: Will there be any exceptions for providers holding authorizations? DMH was not aware of there being any exceptions because of providers holding authorizations. Authorization is based on service and not the rate. Whether or not the provider is willing to provide the service at the new rate will be up to the provider. Kelly/Durham: Will adjustments be done on claims paid incorrectly? DMH believes this will be the approach, but will need to follow-up with their leadership and DMA and will get back to the core team with the information. Should claims be held until something is decided? DMH will check with their management and send out notification via core team distribution or an alert from EDS. The notification will relate to what will happen on the IPRS side. Is it possible for IPRS to have a higher rate? DMH does not think a higher rate will be provided, but will take the questions to Management and let everyone know. DMH normally follows Medicaid when determining rates. Tom Ladenthin/Western Highlands review of last check write. Claims with HA, HB adjudicated at the lower rate, but the group was adjudicated at the higher rate. DMH response. The group rate did not process. Jeanna Lauffenburger/Catawba: Will recoups/repays be done on claims that were over paid? DMH will need to check with Management. • <u>Review Updated Audit Manual IPRS Website</u> No comments or questions • <u>Change in NPI Implementation Date</u>

New NPI Implementation Date has not been determined.
NPI Beta Testing will continue indefinitely.
Notification will be released when Beta Testing will end and what the New NPI Implementation Date will be.
LME's are strongly encouraged to take advantage of Beta Testing.
NPI, NPPES, Certification. LMEs should continue to send this information to DMH.

Questions:
Tom Ladenthin/Western Highlands: Can IPRS accept an 837 with NPIs?
DMH. We can take an 837 with NPI currently, but the Legacy #s must be included as well. The system has been set to accept 837s with both NPI and Legacy for some time.

Tom Ladenthin/Western Highlands: Can IPRS currently accept an 837 with NPI only?
DMH. Not at this time. The mapping solution has not been implemented. The actual date for when IPRS can accept NPI-only 837s is unknown at this time.

Can IPRS accept an 837 with Legacy #s only?
DMH. Yes.

For 837s with NPI and Legacy #s, IPRS will just pass the NPI number through the system. IPRS will not process with the NPI#, but continue to use the Legacy #s for claims processing.

Current 837 can accept and map both NPI and Legacy in all provider loops (Billing, Referring, Attending and Service Facility Location).

DMH is continuing to work with DMA on getting an update for the fully divested LMEs regarding the possible need to get an NPI for their referring provider.

- 834 Beta Test Deadline (April 27)
  The new version of the transaction will be a hard cut over on April 27th. The date is not expected to change.
  CMHC (NetSmart) users expressed they might not be ready due to vendor related issues.
  DMH requested the CMHC (NetSmart) users push their vendor to meet the hard cut over date of 04/27/07 because of the benefits the new version provides for batch updates currently being performed online.
  The DMH approach is not to change the cut over date so that merging LMEs have a couple of months to get their client data correct.
  Files received on and after 04/27 will need to be in the 834 v5010 format.

- Beta Test (NPI) Requirements Review
  04/09/07 NPI Beta Test Cycle: Only one LME submitted claims for this week's testing. All claims routed to Medicaid because Attending NPIs were not in production for either IPRS or Medicaid.

- Beta Test (834) Requirements Review
  Week of 04/02/07, Completed first 834 Best Test cycle. Two LMEs submitted 834v5010 data for testing.
  Week of 04/09/07, One LME submitted 834v5010 data for testing.

- IPRS Questions and Concerns
  Kelly/Durham - Any updates on the Crisis Services adjustments?
  DMH - EDS is still working on producing a test.

	• <u>DMH Questions and Concerns</u> Tim Sullivan had a follow-up from last week regarding DMA documentation on age requirement and CAPMR for T1017/HI. LMEs were referred to past Core Team Meeting minutes from 2006. 02/15, 05/10, 05/24 and 07/26. Requirements should be in these past minutes. Are there any source documents directly from DMA and not direct quotes from minutes? DMA instructions were to refer to the minutes.
5.	**DMH and/or EDS Concluding Remarks:** None
6.	**Roll Call Updates:** None